plication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

0/00.01

| | | • | SMALL ENTITY | | | OTHER | THAN | | | | | |
|---|---|---|---------------------------------|----------------------|------------------------------|------------------|----------------|---------------|--|----------|------------|------------------------|
| | | (Column 1) | | (Column 2) | | | TYPE | | OR | SMALL | | |
| TOTAL CLAIMS | | | 13 | | | | i | RATE | FEE | 1 | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | ·710.00 |
| TOTAL CHARGEABLE CLAIMS | | | / 4 minus 20= | | · | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 5 minus 3 = | | ' '2 | | | X40= | | OR | X80= | 160 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | 4 | | +135= | | OR | +270= | 270 |
| * If the difference in column 1 is less than zero, enter | | | | | r "0" in c | olumn 2 | | TOTAL | | OR | TOTAL | 1/40 |
| CLAIMS AS AMENDED - PAR | | | | | | | | <i>:</i> | | | OTHER | THAN |
| (Column 1) (Column 1) | | | | | mn 2) | (Column 3) | _ | SMALL | ENTITY | OR | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST BBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | NTATION OF M | Minus | *** | T CL A184 | = | | X40= | | OR | X80= | |
| | rinoi Phese | NIATION OF W | JLTIPLE DEI | ENDEN | | | | 4135 = | | OR | +270= | of Allegians. |
| | | | | an angan sery | ı | TOTAL | | <u> </u> | TOTAL ADDIT. FEE | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS | | HIG | HEST . | | 1 r | . 44 | ADDI- | | | ADDI- |
| | | REMAINING AFTER AMENDMENT | | PREVI | MBER OUSLY FOR | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | | = · |] | X\$ 9= | 17 - 1 | OR | X\$18= | A Comment |
| | Independent | <u> </u> | Minus | *** | | = |] | X40= | ٠ | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT OF | | | | | | J | +135= | i perista di | OR | +270= | - 14 - 3 |
| 4 | | DEOI | AVAILA | ADLE | COP | (Y | . L | TOTAL | • | OR | TOTAL | |
| | | (Column 1) | ्रे के स्टब्स्ट्रेस इ.स.च्या | (Colu | mn 2) | (Column 3) | | ADDIT. FEE | 特的模 | (000 kg | ADDIT. FEE | Mark St. |
| AMENDIMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGI NUM PREVI | HEST IBER OUSLY FOR | PŘESÉNT EXTRA | 2., [3., [| RATE | ADDI-A TIONAL FEE | | RATE | ADDI: TIONAL FEE |
| | Total | | Minus | ** | | | | X\$.9≡ | | OR. | ,X\$18≝_ | *** |
| | Independent | • | Minus | *** | | = | | X40= | The state of the s | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | T CLAIM | | ! | | | | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | +135= | | OR | +270= | |
| ** If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | | |
| | | ımber Previousiy P nber Previousiy Pa | | | | | er fou | nd in the app | ropriate box | | | |